

**Mail to:**  
IECDB  
510 East 12th, Suite 1A  
Des Moines, Iowa 50319

**FORM REVISED JANUARY 1, 2001**  
**PLEASE DISCARD OUTDATED FORMS**

**OFFICE USE ONLY**  
I.D. NO. \_\_\_\_\_  
INITIAL FILING \_\_\_\_\_  
AMENDED FILING \_\_\_\_\_

**Iowa Ethics and Campaign Disclosure Board**

**Periodic Lobbyist Report - Executive Branch**

**Part I- Identification of Lobbyist**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address-Street Suite or Apt #, PO Box

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Area code/Phone Number,

\_\_\_\_\_  
E-mail Address (optional)

**Part II-Period Covered** Year Covered \_\_\_\_\_

**Check As Appropriate:**

☐ **Original Report**      ☐ **Amended Report**

☐ **1<sup>st</sup> Qtr** (Covers January 1 through March 31) Due April 30

☐ **2<sup>nd</sup> Qtr** (Covers April 1 through June 30) Due July 31

☐ **3<sup>rd</sup> Qtr** (Covers July 1 through September 30) Due Oct. 31

☐ **4<sup>th</sup> Qtr** (Covers Oct. 1 through Dec. 31) Due Jan. 31

☐ **For Exempt Only-Cumulative Report** (Covers Jan. 1 through Dec. 31) Due upon filing exemption application

☐ **Final Report** Due within 15 days of filing cancellation form. Include cumulative year to date information.

**Part III- Clients** Please list the clients you represent with accompanying identifying information in the spaces provided on the **REVERSE** side of this form or attach a list of the names, addresses, contact persons and telephone numbers of your clients.

**Part IV- Campaign Contributions made by the lobbyist to candidates for state office during the reporting period indicated in Part II above.**

Attach additional sheet if necessary. Show all transactions for year if final report. *Mark with "N/A" if none.*

<u>Contribution Date</u>	<u>Recipient Committee</u>	<u>Amount of Contribution</u>
--------------------------	----------------------------	-------------------------------

**Part V – Expenditures made by the lobbyist in the process of lobbying activity.**

Attach additional sheet if necessary. Show all transactions if final report. *Mark with "N/A" if none.*

**CLIENTS**

<b>1.</b> <b>Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____ <b>Contact</b> _____	<b>2.</b> <b>Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____ <b>Contact</b> _____
<b>3.</b> <b>Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____ <b>Contact</b> _____	<b>4.</b> <b>Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____ <b>Contact</b> _____
<b>5.</b> <b>Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____ <b>Contact</b> _____	<b>6.</b> <b>Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____ <b>Contact</b> _____
<b>7.</b> <b>Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____ <b>Contact</b> _____	<b>8.</b> <b>Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____ <b>Contact</b> _____

**Please refer to Iowa Code sections 68B. 36 through 68B38 and rules in 351 IAC chapter 8 for complete information regarding lobbyist information and filing requirements**

\_\_\_\_\_  
**Lobbyist**

\_\_\_\_\_  
**Date**